

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | | 51 | | | | | | |
| 2 | / | | / | | | | 52 | | | | | | |
| 3 | / | | / | | | | 53 | | | | | | |
| 4 | / | | / | | | | 54 | | | | | | |
| 5 | / | | / | | | | 55 | | | | | | |
| 6 | / | | / | | | | 56 | | | | | | |
| 7 | / | | / | | | | 57 | | | | | | |
| 8 | / | | / | | | | 58 | | | | | | |
| 9 | / | | / | | | | 59 | | | | | | |
| 10 | / | | / | | | | 60 | | | | | | |
| 11 | / | | / | | | | 61 | | | | | | |
| 12 | / | | / | | | | 62 | | | | | | |
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| 14 | / | | / | | | | 64 | | | | | | |
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| 18 | / | | / | | | | 68 | | | | | | |
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| 20 | / | | / | | | | 70 | | | | | | |
| 21 | / | | / | | | | 71 | | | | | | |
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| 29 | / | | / | | | | 79 | | | | | | |
| 30 | / | | / | | | | 80 | | | | | | |
| 31 | / | | / | | | | 81 | | | | | | |
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| 33 | / | | / | | | | 83 | | | | | | |
| 34 | / | | / | | | | 84 | | | | | | |
| 35 | / | | / | | | | 85 | | | | | | |
| 36 | / | | / | | | | 86 | | | | | | |
| 37 | / | | / | | | | 87 | | | | | | |
| 38 | / | | / | | | | 88 | | | | | | |
| 39 | / | | / | | | | 89 | | | | | | |
| 40 | / | | / | | | | 90 | | | | | | |
| 41 | / | | / | | | | 91 | | | | | | |
| 42 | / | | / | | | | 92 | | | | | | |
| 43 | / | | / | | | | 93 | | | | | | |
| 44 | / | | / | | | | 94 | | | | | | |
| 45 | / | | / | | | | 95 | | | | | | |
| 46 | / | | / | | | | 96 | | | | | | |
| 47 | / | | / | | | | 97 | | | | | | |
| 48 | / | | / | | | | 98 | | | | | | |
| 49 | / | | / | | | | 99 | | | | | | |
| 50 | / | | / | | | | 100 | | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |